FORM PTO-875 (Rev. 11/98)

*U.S. Government Printing Office: 1998 -- 459-072/19142

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

Patent and Tradomark Office, U.S. DEPARTMENT OF COMMERCE

OR

TOTA

ADDIT. FEE

TOTAL

ADDIT. FEE

Application or Docket Number

Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/43843

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			SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY						
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 5			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•			X43=		OR	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, ente					"0" in	column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENTA	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1.16	Minus	- 2	5	₹ Ø,		X\$ 9=		OR	X\$18=	-
AME	Independent	+ 3	Minus	L	- C: A!!	= Ø		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Ind pendent	*	Minus	ENDENT	CI AIM	-		X43=		OR	X86≈	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								·	OR	+290=	
							A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)			• •			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ε		X\$ 9=	•	OR	X\$18=	
	Independent	*	Minus	wire .		•		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
1	* If the intry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									UB. 1	TOTAL ODIT, FEE	
	"The "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2." ADDIT. FEE											